

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)						SERIAL NO. <i>10611926</i>	FILING DATE <i>7-3-03</i>				
						CLAIMS					
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	
1	1						51				
2	1						52				
3	1						53				
4	1						54				
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40	1						90				
41	1						91				
42	1						92				
43	1						93				
44	1						94				
45	1						95				
46	1						96				
47	1						97				
48	1						98				
49	1						99				
50	1						100				
TOTAL IND.	2						TOTAL IND.				
TOTAL DEP.	9						TOTAL DEP.				
TOTAL CLAIMS	11						TOTAL CLAIMS				

PTO-1380 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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